

RELEASE/TERMINATION SUMMARY

SANTO, RICHARD

Admission Date

Event

Date of Event

Complete as soon as possible and no later than 15 days after the date of any of the following events: permanent transfer/release/discharge/termination/death of inpatient and termination/death of outpatient.

INSTRUCTIONS

1. Enter admission date, type of event, and date of event above.
2. Describe course of treatment including:
 - a. Presenting complaints/circumstances on admission, including admission diagnosis;
 - b. Principal and other mental or physical diagnoses;
 - c. Psychiatric, medical, and other history relevant to course of treatment;
 - d. Significant assessment findings including test/examination results;
 - e. For each significant problem (behavior/condition/symptom), treatment goal(s), treatment and/or therapies provided, and patient's response to treatment;
 - f. Condition or functioning on admission, during treatment, and upon permanent transfer/release/discharge/termination/death.
3. Complete Aftercare Plan - Describe participation of the patient, family, and others.
4. Outpatients - Indicate on Aftercare Plan appropriate discharge needs and arrangements to meet these needs.
5. Inpatients - Attach Individual Service Plan (OMH 6).
6. Describe circumstances leading to death, person(s) notified, funeral arrangements, burial place, and when available, the anatomical diagnosis.
7. Enter signature, title, and date.

RICHARD R. SANTO, INDIVIDUAL
 DESCRIBE FOR PROBLEM CONCERN: TREATMENT CONS
 ABOUT HIS PARENTS OF DECEASED FROM PRESENTATION
 TO SERVICES OFFICE. PT. HAS SOME \$ FROM A BANK
 AND HAS Brought O THE MONEY BAG. PT. CONSIDERED
 TO BOMBARD THEM WITH BOMB OR TREATMENT PLAN
 THEN WAS GOING TO ABANDON, IT WAS CANCELED AND
 SENT BACK TO HIM. HE GOT PERSON TO BOMB IT.
 IN 2008. WHICH IS TO PRESENT BY PLANE ONCE
 SUSPENDED AND HE DID NOT RESPOND TO A WIRE
 REQUEST TO COME.
 DUE TO RPD
 PLEASE RELEASE

RECORDED
 SIGNATURE

PSYCHIATRIC ASSESSMENT

INSTRUCTIONS

- Complete as soon as possible after admission.
 - Update during the course of treatment to document new information which is of ongoing importance to treatment.
 - Enter the following:

Sex.....Date of Birth.....
Facility Name _____
the name and relationship of informants
Unit/Ward NO. _____

Yes No Interpreter present? Name:

Chief Complaint:

Chief Complaint:

Identifying Data: 37-year-old African American male type O
Pt works in re-education (FBI or similar)
Lives in NJ
History of Present Illness: (document diagnosis & subtype, if applicable)

At last Benj. said his age was 22. However
we believe he was older than that until
all. Pt was in showman's care in the
After he happened out he took the small
place with the town. Since then, Jo will
be born out of control Pt had lost his wife
now (due to multiple recordings & setbacks
for Jo) lost her six friend & daughter.
Pt as a created last weake, Pt is now under
hand - Pt has a pending a federal case
Pt gather on hunting, Hunting, party, hunting
Pt has been to prison & family to be boiled

Convinced, however, of the need for a more formalized structure, the Board of Directors established the Foundation in 1984.

PSYCHIATRIC ASSESSMENT

Patient's Name (Last, First, M.I.)

2. Mental status.

↑ EtOH in wine & spirits

Pt has depressed mood & was unaroused

a week ago, but not before the last

3 of 21

Pt had DT's in wine in jail, but after release

No H/T.

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Past Psychiatric History:

04/09/2008

Pt had a panic attack after 9/11 for 2-3 weeks after he received a letter from someone who was

Filed

04/09/2008

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Document

Past Medical History: (include method of contraception for women of child bearing potential, hospitalizations, surgery, allergies, medication & dosages, illnesses)

Pt has asthma fixed

No other medical history

WHP

Case 1:07-cr-00288

Family History:

Father = UX & a widow - wife separated
from wife 10 years

Daughter will marry

PSYCHIATRIC ASSESSMENT

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3. Psychiatric problems, strengths and disabilities; prognosis; and treatment recommendations

Social History: (include current stressors, level of education, health insurance resources)

B + R in NJ
Married birth & wedgewood
Dapper out of school year in college after
Loving his daughter - worked full-time job

Past Psychotropic Medication History:

Past Psychotropic Medication History:				
Drug Name	Start	End	Dose	Reason
				Response

Mental Status:

mental status: A, ex 3, good affective / somatoform disorder: mildly depressed Affect: full range. Topographic: goal oriented Content: non-dreamlike

PSYCHIATRIC ASSESSMENT

Patient's Name (Last, First, M.I.)

Psychiatric problems, strengths and disabilities; prognosis; and treatment recommendations (Continued).

Problems: (e - u)Strengths: positiveDisabilities:of Prognosis: FairRecommendations: (include specific plan)

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Pt (1) started in CPT

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Other: Anxiety Diagnostic & Recruitment Center Form completed?

Tracking Form completed?

Panic disorder patient has been given diaries?

ADRC Referral Form completed?

Notified patient coordinator or RA if eligible for study?

DSM III-R Diagnosis According to Axes IV
(Indicate PRINCIPAL DIAGNOSIS by an "X" in the appropriate "O")
CHECK EITHER AXIS I OR AXIS II — NEVER BOTH!

Axis I - Clinical Syndromes and V Codes

Onset Age

Severity (Check one):

Stressor(s):

C

J

L

P

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PROGRESS NOTE

SANTOS, REBECCA
Patient's Name (Last, First, M.I.)
M

Sex:

Date of Birth (mm/dd/yy)

Date: **5/16/07**Name of Study: **RG**Visit: **2****I. Medical Evaluations:** (Completed at this visit by _____)B.P. Sitting: **/**B.P. Standing: **/**Pulse: **/**Weight: **/** lbsTemperature: **/** °FRespiration: **/** /minBlood tests or urinalysis performed? No Yes
Urine pregnancy test performed? No YesComments: If yes, result? **Positive****Negative****II. Study Medication Taken:** **None** Name: **/**Was unused study medication returned? No YesComments: **N/A**Bottle/Pack #: **/**Dose prescribed: **/** qAM **/** qPM**III. Concurrent Medications:** **None** Name: **/** Dose: **/** Start: **/** End: **/** Weight: **/** lbs Indication: **/**Name: **/** Dose: **/** Start: **/** End: **/** Weight: **/** lbs Indication: **/**Name: **/** Dose: **/** Start: **/** End: **/** Weight: **/** lbs Indication: **/****IV. Assessment:** (Include response to treatment, current condition, relevant ratings, and any adverse events.)

COMPLAINED 2 DAYS AGO EACH DAY. HAS REPORTED JOCKING AND IS DISPENSED WITH PREGNANCY TEST. ALSO REPORTS WANT TO STOP CONDOMS. DEPRESSED MOST OF DAY. APETITE IS OK - LACKS ENERGY. BUT WANTS TO LOSE WEIGHT. SLEEPS 5-6 HRS A NIGHT. TAKES 100 MG OXYCERYL 100 MG OR PUP. BUT SEEMED OVERDOSE. TAKES 100 MG PUP. COMMENCED TO SLEEP AND HAS THOUGHTS THAT HE DOES NOT WANT TO ABANDON HIS DAUGHTER OR LOSE HIS WIFE.

PROGRESS NOTE

SANTOS RECORD
 Patient's Name (last, first, M.I.)
A

Sex

Date of Birth (mm/dd/yy)

Date: 5/9/07Name of Study: QVisit: 2

I. **Medical Evaluations:** (Completed at this visit by _____.)
 B.P. Sitting: _____ Pulse: _____ Weight: _____ lbs Temperature: _____ °F
 B.P. Standing: _____ Pulse: _____ Respiration: _____ /min

Blood tests or urinalysis performed? No Yes

Comments: _____

If yes, result? _____

Positive _____

Negative _____

Urine pregnancy test performed? No Yes

Comments: _____

If yes, result? _____

Positive _____

Negative _____

II. Study Medication Taken:None

Bottle/Pack #: _____

Dose prescribed: _____ qAM _____ qPM

If yes, how many pills? _____

Name: _____

Was unused study medication returned? No Yes

Comments: _____

If yes, how many pills? _____

III. Concurrent Medications:None

Filed 04/09/2008

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Document

Name: _____ Dose: _____ Start: _____ End: _____ Indication: _____

Name: _____ Dose: _____ Start: _____ End: _____ Indication: _____

Name: _____ Dose: _____ Start: _____ End: _____ Indication: _____

IV. Assessment: (Include response to treatment, current condition, relevant ratings, and any adverse events.)

~~SOUL CONSUMING DAILY SICKNESS & BODY VAGINATOR~~
\$1000 DRS WORSE LIVING BORN WORK AT BANK OF
NPART OF RE. TALES NOT HOW STRESSORS HAVE
BEST OF LIVING WORST ANGS GROWING. PT HAS ALSO BEEN
FOR OF THIS "CRAZY" USES IN DAS KAPS OF PREGNANCY
FROM SEVERAL DATES

MURRAY Q.D.
(P)HARMONIC

Case 1:07-cr-00288-WHP

PROGRESS NOTE



SANDOS REFERRED
 Patient's Name (Last First, M.I.)
 M
 Sex _____ Date of Birth (mm/dd/yy)

Date: 5/22/2007 Name of Study: P1 Visit: 4

I. Medical Evaluations: (Completed at this visit by _____.)

B.P. Sitting: / Pulse: _____ Weight: _____ lbs Temperature: _____ °F

B.P. Standing: / Pulse: _____

Respiration: _____ /min

Blood tests or urinalysis performed? No Yes Comments: _____

Urine pregnancy test performed? No Yes If yes, result? _____

Positive Negative

II. Study Medication Taken: None

Bottle/Pack #:

Dose prescribed: _____ qAM _____ qPM

Name: _____ Was unused study medication returned? No Yes

If yes, how many pills? _____

III. Concurrent Medications: None

Name: _____ Dose: _____ Start: / End: / Indication: _____

Name: _____ Dose: _____ Start: / End: / Indication: _____

Name: _____ Dose: _____ Start: / End: / Indication: _____

IV. Assessment: (Include response to treatment, current condition, relevant ratings, and any adverse events.)

DISCHARGE DATES WEEK BECAUSE OF DDD NOT HAVE
TIME OR MONEY TO DO SO RECOMMENDED FUNDATION
ADVICE OR CONCERN:

		SANTOS REYNALDO	
		Patient's Name (Last, First, M.I.)	M
		Sex	/ / /
Date: 6/10/09	Name of Study: PL	Visit: J	Date of Birth (MM/DD/YY)

PROGRESS NOTE

- I. Medical Evaluations:** (Completed at this visit by _____.)
 B.P. Sitting: _____ Pulse: _____ Weight: _____ lbs Temperature: _____ °F
 B.P. Standing: _____ Pulse: _____ Respiration: _____ /min
- Blood tests or urinalysis performed? No Yes Comments: _____
 Urine pregnancy test performed? No Yes If yes, result? Positive Negative
- II. Study Medication Taken:** **None**
 Name: _____ Bottle/Pack #: _____ Dose prescribed: _____ qAM _____ qPM
 Was unused study medication returned? No Yes N/A If yes, how many pills? _____
 Comments: _____
- III. Concurrent Medications:** **None**
- Name: _____ Dose: _____ Start: _____ End: _____ Indication: _____
 Name: _____ Dose: _____ Start: _____ End: _____ Indication: _____
 Name: _____ Dose: _____ Start: _____ End: _____ Indication: _____
- IV. Assessment:** (Include response to treatment, current condition, relevant ratings, and any adverse events.)
- PT-HAS SPOTTER AT 6A: ANTHONY S. RENTERA: 201. 858.1560.
 9-5 201. 339.0988 X 335 AM. GIVES PERMISSION TO RELEASE THEM.
 WANTS TO SHOW JUDGE HIS OVER BONDING.**

PROGRESS NOTE

SANTOS, RENATO
Patient's Name (last, first, M.I.)
M
Sex

Date of Birth (mm/dd/yy)
1/1/1960

Date: 5/2/07 Name of Study: PC Visit:

I. Medical Evaluations: (Completed at this visit by _____.)

B.P. Sitting: Pulse: _____ Weight: _____ lbs Temperature: _____ °F
B.P. Standing: Pulse: _____ Respiration: _____ /min

Blood tests or urinalysis performed? No Yes Comments:
Urine pregnancy test performed? No Yes If yes, result? Positive Negative

II. Study Medication Taken:

Name: None Bottle/Pack #: _____ Dose prescribed: _____ qAM _____ qPM
Was unused study medication returned? No Yes N/A If yes, how many pills? _____

III. Concurrent Medications:

None

Name: Dose: _____ Start: End: Indication: _____
Name: Dose: _____ Start: End: Indication: _____
Name: Dose: _____ Start: End: Indication: _____

IV. Assessment: (Include response to treatment, current condition, relevant ratings, and any adverse events.)

RENTATO SANTOS, PC IS PRESCRIBED W/INHALER
AND HAS INHALANT HX OF SPONTANEOUS AND LOGIC.
P/B OF MONEY ON A HISTORY OF SPONTANEOUS AND LOGIC.
CHARTED PC TO TX HXES ON TX PLAN COMPLETED
ON SAS ASSESSMENT. DISCUSSED RISKS OF HIS
CONDITION, WAS ADVISED NOT TO USE FOR ENHANCED LENGTH
HAD PROBLEMS OF SWALLOWS WHEAT IN JELLY BUT DID NOT
WANT TO DO IT BECAUSE IT COULD HURT HIS DENTURES
MORE THAN HE HAS BEEN TELLING ME SO FAR, DATES 100,000.

		PROGRESS NOTE	SKND 5 RENAL
		Patient's Name (Last, First, M.I.)	<i>M</i>
		Sex	/ /
Date: <u>5/23/07</u>		Name of Study: <u>PC</u>	Visit:
<p>I. Medical Evaluations: (Completed at this visit by _____.)</p> <p>B.P. Sitting: _____ Pulse: _____ Weight: _____ lbs Temperature: _____ °F B.P. Standing: _____ Pulse: _____ Respiration: _____ /min</p> <p>Blood tests or urinalysis performed? <input type="checkbox"/> No <input type="checkbox"/> Yes Comments: _____ Urine pregnancy test performed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, result? Positive Negative</p>			
<p>II. Study Medication Taken: <u>None</u> <input type="checkbox"/></p> <p>Name: _____ Bottle/Pack #: _____ Dose prescribed: _____ qAM _____ qPM Was unused study medication returned? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A If yes, how many pills? _____ Comments: _____</p>			
<p>III. Concurrent Medications: <u>None</u> <input checked="" type="checkbox"/></p> <p>Name: _____ Dose: _____ Start: <u>/</u> / _____ End: <u>/</u> / _____ Indication: _____ Name: _____ Dose: _____ Start: <u>/</u> / _____ End: <u>/</u> / _____ Indication: _____ Name: _____ Dose: _____ Start: <u>/</u> / _____ End: <u>/</u> / _____ Indication: _____</p>			
<p>IV. Assessment: (Include response to treatment, current condition, relevant ratings, and any adverse events.)</p> <p><i>Mr. Butto gave to his apt. by,</i></p> <ul style="list-style-type: none"> - The wordlyk depresiye symptom accompanied by: - poor concentration - confusion - <i>Butto</i> - insomnia (initial, middle, end) - total lack / total - sleeping - Other symptoms have been present for more than 4 wks / time he was admit. - <i>Butto</i>, anxious, & anxious - <i>Butto</i>: Anxiet ; <i>Butto</i>'s illness (depres) and Sept-1101-LWZ (depres). <p><i>I discuss with Mr. Butto the role, taught & side effects of Lorotane (Satin). It has question that were answer. - If your skin this treatment.</i></p> <p><i>Anxiet</i></p> <p><i>Anxiet</i> <u>PC</u>: Pathological thinking</p> <p>- Major Depressive episode</p> <p>- G6 PTD</p> <p>→ see over handwriting</p>			

PROGRESS NOTE	
SUSY REED	
Patient's Name (Last, First, M.I.)	
M	
Sex	
Date of Birth (MM/DD/YY)	
Date: <u>6/12/09</u>	Name of Study: <u>PL</u>
Visit: <u>C</u>	

I. Medical Evaluations: (Completed at this visit by _____.)

B.P. Sitting: _____ Pulse: _____ Weight: _____ lbs Temperature: _____ °F
 B.P. Standing: _____ Pulse: _____ Respiration: _____ /min

Blood tests or urinalysis performed? No Yes Comments: _____
 Urine pregnancy test performed? No Yes If yes, result? Positive Negative

II. Study Medication Taken: None

Name: _____ Bottle/Pack #: _____ Dose prescribed: _____ qAM _____ qPM

Was unused study medication returned? No Yes N/A If yes, how many pills? _____
 Comments: _____

III. Concurrent Medications: None

Name: _____ Dose: _____ Start: /// End: /// Indication: _____
 Name: _____ Dose: _____ Start: /// End: /// Indication: _____
 Name: _____ Dose: _____ Start: /// End: /// Indication: _____

IV. Assessment: (Include response to treatment, current condition, relevant ratings, and any adverse events.)

CHANGED ONE DAY & 5 ON LORZEX 30 MG PO QD
FOR ACCELERATED FOR SWANSON. DUE TO SAW NO GROWTH
POD REPORTS SHOW BEST WORK IN SPASMODICS
TO MONITOR CLOSER TO SWANSON

Date: <u>6 / 13 / 07</u>	Name of Study: <u>Pg.</u>	Visit:
PROGRESS NOTE 		Patient's Name (Last, First, M.I.) <u>SANDY, RONALD</u>
		Sex <u>M</u>
		Date of Birth (mm/dd/yy)

I. Medical Evaluations: (Completed at this visit by _____.)
 B.P. Sitting: / Pulse: _____ Weight: _____ lbs Temperature: _____ °F
 B.P. Standing: / Pulse: _____ Respiration: _____ /min

Blood tests or urinalysis performed? No Yes Comments: _____
 Urine pregnancy test performed? No Yes If yes, result? Positive Negative

II. Study Medication Taken: None Bottle/Pack #: _____ Dose prescribed: _____ qAM _____ qPM
 Was unused study medication returned? No Yes N/A If yes, how many pills? _____
 Comments: _____

III. Concurrent Medications: None
 Name: Phar Dose: _____ Start: 5/10T End: / / Indication: M.D.D. 1B.
 Name: _____ Dose: _____ Start: / / End: / / Indication: _____
 Name: _____ Dose: _____ Start: / / End: / / Indication: _____

IV. Assessment: (Include response to treatment, current condition, relevant ratings, and any adverse events.)

- Mr. Sandy came to his appt. today.
- He feels less pain - Minimal
 - None very low - No answer -
 - No abdominal - No problems
 - AP, reported: deep respiration -
 - No history of no known risks -
 - (4) Safety tickets (my own).

PROGRESS NOTE	
Patient's Name (Last, First, M.I.) <i>John R. Springer</i>	
Sex <i>M</i>	Date of Birth (mm/dd/yy)
Date: <u>01/19/07</u>	Name of Study: <u>P6</u>
Visit: <u>7</u>	

I. Medical Evaluations: (Completed at this visit by _____.)B.P. Sitting: / Pulse: _____

Weight: _____ lbs

Temperature: _____ °F

B.P. Standing: / Pulse: _____

Respiration: _____ /min

Blood tests or urinalysis performed? No Yes

Comments: If yes, result?

Positive Negative

Urine pregnancy test performed? No Yes**II. Study Medication Taken:** None Bottle/Pack #: _____ Dose prescribed: _____ qAM _____ qPMWas unused study medication returned? No Yes N/A If yes, how many pills? _____

Comments: _____

III. Concurrent Medications: None Name: _____ Dose: _____ Start: / End: / Indication: _____Name: _____ Dose: _____ Start: / End: / Indication: _____Name: _____ Dose: _____ Start: / End: / Indication: _____**IV. Assessment:** (Include response to treatment, current condition, relevant ratings, and any adverse events.)

*Replies to questions. Looking for second job. Threw him
15k worth of equipment in 1999. No fetus
was unaddressed when he returned just now.*

PROGRESS NOTE	
SANTOS, RONALD	
Patient's Name (Last, First, M.I.)	
M	
Sex	Date of Birth (MM/DD/YY)
Date: <u>7/9/07</u>	Name of Study: <u>P6</u>
Visit:	

Date: 7/9/07 Name of Study: P6 Visit:

I. Medical Evaluations: (Completed at this visit by _____.)

B.P. Sitting: / Pulse: _____ Weight: _____ lbs Temperature: _____ °F
 B.P. Standing: / Pulse: _____ Respiration: _____ /min

Blood tests or urinalysis performed? No Yes Comments: _____
 Urine pregnancy test performed? No Yes If yes, result? Positive Negative

II. Study Medication Taken:

None

Bottle/Pack #: _____ Dose prescribed: _____ qAM _____ qPM

Was unused study medication returned? No Yes N/A If yes, how many pills? _____
 Comments: _____

III. Concurrent Medications:

None

Name: PATRICK Dose: 2x day Start: / End: Scut Indication: P6 / PMS
 Name: Dose: Start: / End: Indication:
 Name: Dose: Start: / End: Indication:

IV. Assessment: (Include response to treatment, current condition, relevant ratings, and any adverse events.)

- Mr. Charles came to his apt. today - He reported that he's been much better.
 - Shaking episode: none (since our last visit).
 - No S/S - No psychosis.

- Decrease of name confusion and commitment to take his medication. -
- At 1st report: right side ("Madelyn" name - calling... chips, chex, etc.).
- Will be name change (walking, name...).

PROGRESS NOTE			
		Patient's Name (Last, First, M.I.)	<i>John R. Edwards</i>
Date:	<u>7/10/00</u>	Name of Study:	<u>PL</u>
Sex:		Visit:	<u>8</u>
Date of Birth (MM/DD/YY)			

PROGRESS NOTE  SANTOS, BEVERSED	
Patient's Name (Last, First, M.I.) M Sex Date of Birth (MM/DD/YY)	Date: <u>8/8/01</u> Name of Study: <u>P6</u> Visit: <u>9</u>
I. Medical Evaluations: (Completed at this visit by _____.) B.P. Sitting: <u>/</u> Pulse: _____ Weight: _____ lbs Temperature: _____ °F B.P. Standing: <u>/</u> Pulse: _____ Respiration: _____ /min Blood tests or urinalysis performed? <input type="checkbox"/> No <input type="checkbox"/> Yes Comments: _____ Urine pregnancy test performed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, result? Positive Negative	
II. Study Medication Taken: <u>None</u> <input type="checkbox"/> Name: _____ Bottle/Pack #: _____ Dose prescribed: _____ qAM _____ qPM Was unused study medication returned? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A If yes, how many pills? _____ Comments: _____	
III. Concurrent Medications: <u>None</u> <input type="checkbox"/> Name: _____ Dose: _____ Start: <u>1/1</u> End: <u>1/1</u> Indication: _____ Name: _____ Dose: _____ Start: <u>1/1</u> End: <u>1/1</u> Indication: _____ Name: _____ Dose: _____ Start: <u>1/1</u> End: <u>1/1</u> Indication: _____	
IV. Assessment: (Include response to treatment, current condition, relevant ratings, and any adverse events.) DEPIES GROWING UP. <u>ARTISTS CONCERN'S ANONYMOUS</u> <u>ONE PER WEEK + WEDD TO ADD ONE MORE TO HOME</u> <u>DO FOR THIS WEEK.</u> looking for a job as he just had off <u>from work job. looking for a job as he just had off</u> <u>& RECOMMENDED REVENGE HIS BOSS.</u> <u>WANTS TO HONOR HIS VOTES AND WOULD NOT CONCERN'S</u> <u>HAD BEEN DENIED HIS ANSWERS + DEPIES WAS SHOCKED. HAS</u> <u>NO INVESTIGATOR CROWNED HE SCARED</u>	

PROGRESS NOTE		SPOOKS OF BERPERSO	
 Patient's Name (Last, First, M.I.) M		Sex M Date of Birth (MM/DD/YY) / - /	
Date: 8/21/01	Name of Study: PL	Visit: 10	

		SANTOS, BENJAMIN
		Patient's Name (Last, First, M.I.)
		M
		Sex _____
		Date of Birth (mm/dd/yy) _____

Date: 8/21/07 Name of Study: P5 Visit:

I. Medical Evaluations: (Completed at this visit by _____.)

B.P. Sitting: _____ Pulse: _____ Weight: _____ lbs Temperature: _____ °F

B.P. Standing: _____ Pulse: _____ Respiration: _____ /min

Blood tests or urinalysis performed? No Yes Comments: _____
Urine pregnancy test performed? No Yes If yes, result? Positive Negative

II. Study Medication Taken: None

Name: _____ Bottle/Pack #: _____ Dose prescribed: _____ qAM _____ qPM

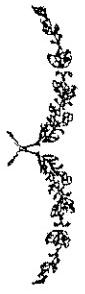
Was unused study medication returned? No Yes N/A If yes, how many pills? _____

III. Concurrent Medications: None

Name: Phar Dose: 30mg Start: /// End: /// Indication: P5/Phar
Name: _____ Dose: _____ Start: _____ End: _____ Indication: _____
Name: _____ Dose: _____ Start: _____ End: _____ Indication: _____

IV. Assessment: (Include response to treatment, current condition, relevant ratings, and any adverse events.)

- Mr. Santos reported that he ran out of the medication & 4 days ago
he bought a new ticket -
- San depends but still urines -
- No pain.

PROGRESS NOTE 	
Patient's Name (Last, First, M.I.) <u>SANTOS BEP</u>	Sex <u>M</u>
Date of Birth (MM/DD/YY) <u> </u>	
Date: <u>7/ / 08</u>	Name of Study: <u>P6</u>
Visit: <u>1</u>	

I. Medical Evaluations: (Completed at this visit by _____)B.P. Sitting: /Pulse: /Weight: lbsTemperature: °FB.P. Standing: /Pulse: /Respiration: minBlood tests or urinalysis performed? No Yes Comments:
Urine pregnancy test performed? No Yes If yes, result? Positive Negative**II. Study Medication Taken:**Name: NoneBottle/Pack #: Dose prescribed: qAM qPMWas unused study medication returned? No Yes N/A If yes, how many pills? Comments: **III. Concurrent Medications:**Name: None Dose: Start: End: Indication: Dose: Start: End: Indication: Name: Dose: Start: End: Indication: Name: Dose: Start: End: Indication: **IV. Assessment:** (Include response to treatment, current condition, relevant ratings, and any adverse events.)

~~DOES NOT HAVE ANY PROBLEMS.~~ LOOKING FOR WORK BUT FINDING NO ONE WORKS. HAS BEEN UNEMPLOYED SINCE APRIL AND FINALLY IS ABLE TO FIND PART TIME POSITION OF 15 HRS AND OFFER DIF FOR 15 HRS TO PUSH HIS PURCHASE FOR HIS CAR - WANTS TO GET IT SO HE CAN GET ON WITH HIS LIFE. WORKS THE PURCHASE FOR 15 HRS AND THEN IS GOING TO WORK.